



CRESCENTA VALLEY GLENDALE SERVICE UNIT  
TWILIGHT CAMP APPLICATION

2011

Payment:  
Check # \_\_\_\_\_

Last-name: \_\_\_\_\_ First-name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Are you a registered Girl Scout? Yes \_\_\_\_\_ No \_\_\_\_\_ Troop # \_\_\_\_\_ Leader's Name: \_\_\_\_\_

If this girl is not yet a registered Girl Scout, please go to [http://www.girlscoutsla.org/documents/MEM10\\_GirlMembershipForm\\_ENGLISH\\_blank\\_with\\_boxes.pdf](http://www.girlscoutsla.org/documents/MEM10_GirlMembershipForm_ENGLISH_blank_with_boxes.pdf) and complete the "Girl Membership Form"; print it, attach it here, and include a SEPARATE check for \$12.00 made payable to Girl Scouts of Greater Los Angeles.

Camper's Email: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

In the Fall, Camper will be a... Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_

Youth T-shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ Adult T-shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work: \_\_\_\_\_

Email: (if different from above) \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work: \_\_\_\_\_

Email: (if different from above) \_\_\_\_\_ Cell: \_\_\_\_\_

Siblings in Camp: Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_ Age of siblings: \_\_\_\_\_

Persons to notify in case of emergency if parents cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION FOR PICK UP - Only the individuals listed below are authorized to pick-up this child during the week of Twilight Camp, from June 20, 2011 to June 24, 2011 (include yourself/your spouse; attach a separate sheet if necessary)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**UNDER NO CIRCUMSTANCES SHOULD MY CHILD BE RELEASED TO:  
Please list below anyone NOT authorized to pick-up your child**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

**Please tell us about your child (include any physical/emotional condition about which we should be aware):**

My child is in good health. I will ensure she does not attend if she is not feeling well on any day of camp, and will so inform you. I understand that written permission from a doctor for my child to participate in hiking and other physically demanding activities must accompany this form if she has a known complicating medical problem or has had an operation, serious illness, or convulsive disorder since her last health examination.

My daughter may participate in all program activities except \_\_\_\_\_

\_\_\_\_ (initial please) My child has my permission to participate in photographs taken for Girl Scout Public Relations.

\_\_\_\_ (initial please) I have discussed with my daughter appropriate behavior prior to activity.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# HEALTH HISTORY INFORMATION

This form must be completed by parent(s) of each registering Girl Scout (please print).

Girl's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Group/Troop # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

## Girl Health History Information

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Is your daughter's immunization record up-to-date?  Yes  No Date of last tetanus shot: \_\_\_\_\_  
(Month-Day-Year)

Check all that apply:  Nosebleeds  Fainting  Constipation  ADD/ADHD  
 Hearing impairment  Wears glasses or contact lenses  Emotional Disturbances

Special dietary regimen or needs(please explain): \_\_\_\_\_ Other \_\_\_\_\_

Please list any allergies (penicillin, food, insects, etc.): \_\_\_\_\_

Please list any additional medical condition of which the leader should be aware (i.e. chronic condition, disabilities, behavioral problems, medications, etc.): \_\_\_\_\_

**NOTE: All medication must be in original container, with girl's name, dosage and frequency clearly printed on the label. These must be turned in to the Camp Nurse on the first day of camp, and must be picked up from the Camp Nurse on the last day.**

## Council Policies and Procedures (initial one and sign below:)

\_\_\_\_ The undersigned do hereby authorize the officers, leaders or agents of Girl Scouts of Greater Los Angeles, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is further understood that permission is hereby granted to the officers, leaders or agents of Girl Scouts of Greater Los Angeles to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of your daughter. In the event of such help, Girl Scouts of Greater Los Angeles, its officers, leaders and agents will not be held liable for any first aid treatment or hospital care rendered drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

\_\_\_\_ **If you do not consent to the care or treatment set forth herein, describe in detail what is or is not allowed/permitted**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date